Making motherhood safer

Every minute, a woman dies of complications related to pregnancy and childbirth. Losing 500,000 mothers every year leaves more than 1 million children motherless. These children are up to 10 times more likely to die prematurely than those whose mothers survive.

Almost all maternal deaths — 99 per cent — occur in poor countries. In sub-Saharan Africa, a woman’s risk of dying from treatable or preventable complications of pregnancy and childbirth over the course of her lifetime is 1 in 22, compared to 1 in 7,300 in developed countries. The risk of a woman dying from pregnancy-related causes during her lifetime is about 1 in 7 in Niger compared to 1 in 17,400 in Sweden.

These women need not die in childbirth. Most of their deaths could be avoided by accessible, affordable and quality health care; education and greater respect and equality for women.

Maternal Health and the Millennium Development Goals

In 2000, world leaders committed to work together to build a safer, more prosperous and equitable world. The Millennium Development Goals (MDGs) are the eight international development goals that will measure progress towards this end. All 192 United Nations member states agreed to achieve these goals by the year 2015. If the MDGs are achieved, world poverty will be cut by half.

Goal 5 is to improve maternal health. The target is to reduce by three quarters, between 1990 and 2015, the maternal mortality ratio AND to achieve, by 2015, universal access to reproductive health. Although globally the maternal death rate is falling, this is one goal that is unlikely to be reached.

According to the World Bank 24 percent of developing countries (30 countries) are on target; 37 percent (46 countries) are close to being on target and 39 percent (48 countries) are far behind the target.
About Gaza

The Gaza Strip is one of the territorial units forming the Palestinian territories. It borders Egypt on the southwest and Israel on the south, east and north. It is about 41 kilometres (25 miles long, and between 6 and 12 kilometres (4–7.5 miles) wide. The total area is only 360 square kilometres—slightly larger than Palmerston North.

Gaza has a population of 1.6 million people. Most are descendants of refugees and despite being born in Gaza, over one million are legally considered refugees. The population density is the sixth highest in the world at 4,118 people per square kilometre. This can be compared to New Zealand at 16.4 people per square kilometre and 1,247.6 in our largest city Auckland.

The Israeli Palestinian conflict has severely affected the civilians of Gaza. Although Israel has withdrawn soldiers and settlers from the area, leaving it as self-governing, Israel continues to control borders, air space and maritime access. Gaza has been effectively under siege for many years.

Some Statistics

- 80% of the population is dependent on international aid
- 61% of the population is food insecure
- Unemployment rate is around 39%, one of the highest in the world.
- 60% of Gaza’s population receives running water only once every 4 or 5 days, for 6-8 hours.
- Power outages usually last 4-6 hours a day and often longer
- About 90% of water supplied to Gaza residents is not suitable for drinking and is contaminated with salt and nitrates.
- 78% of homes with major damages from fighting in 2009 have not been rebuilt.

Maternal Health in Gaza

Health statistics for Palestine and Gaza are difficult to collect.

United Nations studies show that Gaza has the highest numbers of maternal deaths (deaths relating to pregnancy or childbirth) of all the Palestinian territories and refugee settlements in neighbouring countries.

The maternal death rate has been over 100 deaths per 100,000 live births. In 2008 it was 55. It is currently estimated at 38 per 100,000 live births. New Zealand’s maternal death rate is 9 per 100,000 live births.

International medical studies have found that 69% of maternal deaths in Gaza are avoidable.

Another major health problem facing women of reproductive age is malnutrition. Over 50% of women are anaemic, which affects their own health and that of their children. A recent US study found A US study found over 17% of children aged 6–59 months in Gaza suffer from chronic malnutrition.

Another issue is the number of pregnancies and the young age at which Gazan women begin their reproductive lives. The World Health Organisation notes that the risk of maternal mortality is highest for adolescent girls and increases with each pregnancy. Thirteen percent of girls aged 15-19 years are married. There are 60 births per 1000 girls in this age group. This is more than double the number in New Zealand, which has one of the highest rates of teenage pregnancy in the developed world.

Israel controls the borders of Gaza which means that it is difficult to get supplies into the territory. The borders are closed at times and there is a list of goods that are prohibited. One of these is concrete which made the rebuilding of one clinic bombed in 2009 impossible. Thanks to a local benefactor who saw the importance of the clinic, it has reopened in a new location. The blockade also means that people and medical personnel cannot travel easily.
**Saving lives...**

CWS funds three mother and child clinics in some of the poorest areas of Gaza. Pregnant women who register with the clinics get a series of antenatal and post natal checkups. Doctors help with any identified problems and women’s awareness of how to manage their own health has improved. Last year 944 expectant mothers were seen. None died. Their children get well child checkups at the clinic, following up on weight and development, until they turn 6.

The programme is run by the Middle East Council of Churches’ Department of Service to Palestinian Refugees (DSPR). In their most recent report, the DSPR noted the following successes in their mother and child health programme:

- Each of the 944 expectant mothers attending the clinics had four antenatal visits. No maternal mortality cases were reported.
- 648 mothers had 2 post natal visits – which includes hygiene and nutrition.
- 21,606 children under 6 received well baby activities following up on weight and development. Children were given supplements such as iron and specialist follow up as appropriate. To handle the blockade that often interrupts the delivery of supplies, they endeavour to have at least 6 months stock on hand.
- 25,871 patients were examined by doctors and 4000 home visits when patient unable to come in. DSPR is the only health provider in Gaza to offer home visits.
- Family planning sessions were held for 2,500 women – focusing on family size, spacing, and stresses of birth.

**Changing lives...**

The care of women and children goes beyond this critical health care. Over 20,000 families visit the clinics and are invited to join training and discussion sessions on nutrition, food safety, precautions against water borne diseases, family planning, hygiene and trauma counselling. Mothers learn how to get the best nutrition from the cheapest vegetables and to protect their family when power cuts lead to sewerage contamination of the water. Younger women get the chance of vocational training, helping to delay childbearing and its associated health risks.

*Madeline Abu Hamda receiving secretarial training. With her father unemployed, this will help her earn an income for the family and delay marriage.*
More about Department of Service to Palestinian Refugees.

CWS has been funding support for Palestinian refugees since 1948. Over the last 25 years, this support has been directed through the Middle East Council of Churches’ Department of Service to Palestinian Refugees. We currently fund work in Gaza, West Bank, Lebanon, Jordan, Galilee and other locations in Israel. The aim is to provide decent and sustainable living conditions for Palestinian refugees living in camps and elsewhere in the Middle East region. The full programme includes:

- Vocational training
- Health centres
- Trauma counselling and psychological support programmes
- Literacy and English language training
- Campaigns against early marriage for girls
- Community education
- Provision of wells for safe water
- Peace building

The DSPR “is a Palestinian ecumenical church-related organisation aimed at strengthening and empowering the Palestinian community in the Gaza Strip by providing educational and health services and contingency assistance regardless of faith, colour, gender, political affliction or geographical locality.”

DSPR Report May 2011

More about the Israel Palestine Conflict

In 2003 CWS produced a background report on the history, causes and issues of the devastating conflict and highlighted groups working for peace. A follow up study was produced in 2008.

These can be downloaded at: www.cws.org.nz/resources/churches-agency-international-issues. CWS can also provide speakers for APW MWF groups.

Flavours of the Middle East

CWS has supported the production of a series of short films designed to provide background information on the region including a montage of images with music, a simple history and a brief geography.

Please contact CWS to borrow for free a copy of the DVD.

CWS can also provide a PowerPoint of images about Gaza and the mother and child health clinics, updated stories and a special message for APW MWF groups.

“GIVING BIRTH SHOULD NOT BE A MATTER OF LIFE AND DEATH”

United Nations Population Fund

Mother of 6, Sahar Darwish, not only received health care during her pregnancies but ongoing assistance to help her family. Her 5 year old twin sons were diagnosed with a speech disorder and now get therapy. She has had training in sewing so she can earn a small income to look after the family. Her husband is in debt due to the difficult political and economic situation in Gaza. Most importantly, afternoon sessions with other mothers at the clinic has helped her deal with her trauma from the conflict and ongoing economic hardship of the blockade.

Flavours of the Middle East